Q - Mood - Ptsd Adult

Record ID		_							
Questionnaire - Metadata									
Session ID		_							
Questionnaire Started At		_							
Questionnaire Completed At		_							
Questionnaire Duration (seconds)		_							
Severity of Posttraumatic Stress Symptoms - Adult									
Please list the traumatic event that	t you experience	ed _							
Date of the traumatic event:		_							
People sometimes have prol	blems after e	xtremely stre	essful events o	r experiences	. How much				
•		-		-					
have you been bothered during the PAST SEVEN (7) DAYS by each of the following problems that occurred or became worse after an extremely stressful event/experience?									
0=Not at all, 1=A little bit, 2			2=Moderately		4=Extremely				
Having "flashbacks", that is, you suddenly acted or felt as if a stressful experience from the past was happening all over again (for example, you reexperienced parts of a stressful experience by seeing, hearing, smelling, or physically feeling parts of the experience)?					4-Externely				
Feeling very emotionally upset when something reminded you of a stressful experience?	0	0	0	0	0				

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Trying to avoid thoughts, feelings, or physical sensations that reminded you of a stressful experience?	0	0	0	0	0
Thinking that a stressful event happened because you or someone else (who didn't directly harm you) did something wrong or didn't do everything possible to prevent it, or because of something about you?	0	0	0	0	0
Having a very negative emotional state (for example, you were experiencing lots of fear, anger, guilt, shame, or horror) after a stressful experience?	0	0	0	0	0
Losing interest in activities you used to enjoy before having a stressful experience?	0	0	0	0	0
Being "super alert", on guard, or constantly on the lookout for danger?	0	0	0	0	0
Feeling jumpy or easily startled when you hear an unexpected noise?	0	0	0	0	0
Being extremely irritable or angry to the point where you yelled at other people, got into fights, or destroyed things?	0	0	0	0	0

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